

For office use only:

County _____ Organization _____ Medical _____ Non-Medical _____



MEDICAL RESERVE CORPS VOLUNTEER APPLICATION
North Georgia Medical Reserve Corps - Health District 1-2
100 W. Walnut Ave. Suite 92 Dalton, GA 30720
Phone (706) 272-2342 – Fax (706) 272-2221

jlmauro@dhr.state.ga.us

Last Name:		First Name:		Middle Name:	
HOME	Street Address:				
	City:		County:		Zip:
	Phone:		Cell:	Fax:	
	E-mail:				
WORK (if applicable)	Employer Name:		Job Title:		
	Street:				
	City:		County:		Zip:
	Phone:		Fax:	E-mail:	
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, guardian signature required): I understand my child/ward will be volunteering with NG Public Health District.					
Print Parent/Guardian Name			Parent/Guardian Signature		
I would like to volunteer in (please check <u>all</u> that apply):					
<input type="checkbox"/>	Cherokee County		<input type="checkbox"/>	Fannin County	
<input type="checkbox"/>	Pickens County		<input type="checkbox"/>	Murray County	
<input type="checkbox"/>			<input type="checkbox"/>	Gilmer County	
<input type="checkbox"/>			<input type="checkbox"/>	Whitfield County	
Special Skills (please check all that apply and attach extra page if necessary):					
<input type="checkbox"/>	CPR Certified		<input type="checkbox"/>	First Aid Certified	
<input type="checkbox"/>			<input type="checkbox"/>	Automated Ext. Defibrillator Certified	
<input type="checkbox"/>	Other medical training and experience (please fill out medical volunteer information form)				
<input type="checkbox"/>	Counseling/mental health training/certification (please fill out medical volunteer form)				
<input type="checkbox"/>	American Sign Language				
<input type="checkbox"/>	Data entry or computer skills (please describe):				
<input type="checkbox"/>	Other skills or abilities (please list):				
<input type="checkbox"/>	Amateur Radio License (please list license level and call letters):				
<input type="checkbox"/>	Ability to speak/write/understand languages other than English (please list):				
<input type="checkbox"/>	Clergy (list religion/denomination and any counseling training or experience):				
<input type="checkbox"/>	Volunteer experience in disaster response and recovery (please list agency name):				

Membership in business, civic, professional or fraternal associations/organizations:		
Association/organization:	Position:	Years:
Association/organization:	Position:	Years:
Emergency Contact Information		
Emergency contact:	Relation:	
Street:		
City:	State:	Zip:
Phone:	Other Phone:	
How did you learn about this Volunteer Opportunity?		
<input type="checkbox"/> http://www.nghd.org/	<input type="checkbox"/> Newspaper (please list)	
<input type="checkbox"/> Professional or civic organization	<input type="checkbox"/> Other Media (please list)	
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other (explain)	
Required community service: # of hours? _____ By when? _____ For whom?		
PERSONAL/PROFESSIONAL REFERENCES <i>(Only one reference may be a family member.)</i>		
1. Family Member: Name _____ Relationship _____ Phone W(____) _____ H(____) _____ C(____) _____ Mailing Address _____		
2. Co Worker: Name _____ Relationship _____ Phone W(____) _____ H(____) _____ C(____) _____ Mailing Address _____		
3. Friend: Name _____ Relationship _____ Phone W(____) _____ H(____) _____ C(____) _____ Mailing Address _____		
Ethnicity <i>(This information is used for marketing purposes.)</i>		
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Pacific Islander/Hawaiian Native	<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Native American/Alaska Native	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other
Gender		
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Please read the following statement and sign below.		
<p><i>The North Georgia Health District does not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.</i></p> <p><i>I hereby authorize the verification of all necessary information, including employment, education, licensure (where applicable), criminal history, driving record, written or verbal information from references, and any other pertinent information related to this volunteer position. I certify that my answers to these questions are true and complete and that I have not knowingly withheld any information. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or dismissal.</i></p>		
Signature:		Date:

Please mail or fax this form to the address below:

Volunteer Coordinator. North Georgia Health District. 100 W. Walnut Ave. Suite 92. Dalton, GA 30720

Phone: (706) 272-2342 ext. 306. jлмаuro@dhr.state.ga.us Fax: (706) 272-2221



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VOLUNTEER BACKGROUND CHECK CONSENT FORM

Organization: North Georgia Health District 1-2, Emergency Preparedness Department

Applicant's Name (printed) _____
(First) (Middle) (Last)

Driver's License Number: _____ **State:** _____

Social Security Number _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip** _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Driving Record
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____